

Divisic NOV. 1: 2007 1:47PM

GASSMAN, BATES&ASSOC.

NO. 0618 P. 1 Page 1 of:

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.
Account Number : 075350000514
Phone : (727) 442-1200
Fax Number : (727) 443-5829

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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MICHELLE SPUZA-MILORD, M.D., L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: **MICHELLE SPUZA-MILORD, M.D., L.L.C.**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

5100 Seminole Boulevard
St. Petersburg, FL 33708

ARTICLE III - Written Operating Agreement

Any operating agreement entered into by the Members of the Limited Liability Company, and any amendments or restatements thereof, shall be in writing, and shall govern all matters relating to the governance of the affairs of the Limited Liability Company, the conduct of its business and the relations of its Members, including without limitation, the amendment of these Articles. No oral agreement among any of the Members or Managers of the Limited Liability Company shall be deemed or construed to constitute any portion of, or otherwise affect the interpretation of, any written operating agreement of the Limited Liability Company, as amended and in existence from time to time.

ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Alan S. Gassman
Name
1245 Court Street, Suite 102
Florida street address (P.O. Box NOT acceptable)
Clearwater, FL 33756
City, State, and Zip

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Registered Agent's Signature

NOV. '11:2007 1:48PM

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Audit Fax No: 4070002700403 NO. 0618 P. 4

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


ALAN S. GASSMAN

J:\S\Spuz-Milord\Michelle Spuza-Milord, M.D., L.L.C\Articles of Organization.1.wpd
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TALLAHASSEE, FLORIDA

CONSENT TO USE OF SIMILAR CORPORATE NAME

THE UNDERSIGNED, MICHELLE S. SPUZA-MILORD, M.D., being the President of MICHELLE SPUZA-MILORD, M.D., P.A., a Florida professional association, corporate document number S88636, does hereby acknowledge and consent to the use of the similar corporate name, MICHELLE SPUZA-MILORD, M.D., L.L.C.

DATED this 25th day of October, 2007.

MICHELLE SPUZA-MILORD, M.D., P.A.

By: 
MICHELLE SPUZA-MILORD, M.D.

Its: President

J:\S\Spuza-Milord\Michelle Spuza-Milord, M.D., L.L.C\Consent to Use of Similar Name.1.wpd
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